

APPLICATION FOR PARTICIPATION / AUTHORIZED SCREENERS LETTER INSTRUCTIONS

** Indicates Required Fields*

NOTE: Once completed and signed, forward the Application for Participation / Authorized Screeners Letter to respective State Coordinator's Office.

Section 1:

Originating Agency Identifier (ORI) Number: Enter assigned Agency ORI number if assigned. If your agency does not have an assigned ORI number, please provide the reason to your LESO State Coordinator.

*Agency Name: Enter Official Agency/Activity name.

Agency DODAAC: Enter Agency DODAAC. LESO Program DODAACs are a 6-digit alpha/numeric code that is tied to each participating agency. All LESO Program DODAACs will start with a "2YT".

*Physical Mailing Address: Enter Physical Mailing Address. P.O. Boxes will not be accepted.

*City: Enter City of Agency/Activity

*State: Enter State Abbreviation

*Zip Code: Enter Zip Code of Agency address

Email Address: Enter Agency email address (If Applicable)

*Phone Number: Enter Agency phone number

*Fax Number: Enter Agency fax number

*Full-Time & Part-Time Officers: Enter number of compensated officers with arrest and apprehension authority

*RTD Screener Identification: "RTD Screener" - An individual (s) authorized to search items that may become available to this agency via the Reutilization Transfer and Donation (RTD) Web. Individuals identified below may request access to act as an authorized "RTD Screener" on behalf of this Law Enforcement Agency.

*Enter Screener Title: Enter Official Title (ex. Chief, Sheriff, Investigator, Captain, Armorer, Pilot)

*First Name: Enter full first name as indicated on driver's license. (Initials will not be accepted)

*Last Name: Enter full last name as indicated on driver's license.

*Email Address: Enter screener email address

*Phone Number: Enter screener phone number

Point of Contact (POC): Enter either "Aircraft," "Small Arms," or "Vehicle" if designated by your Agency. If more than one apply, please enter as needed.

Section 2: (Reserved for Chief Law Enforcement Official/Head Local Agency Use Only)

Law Enforcement Agency/Activity: The LESO Program defines this as a Governmental agency whose primary function is the enforcement of applicable Federal, State and Local laws and whose compensated Law Enforcement officers have the powers of arrest and apprehension. Agencies/Activities that do not meet the aforementioned criteria do not qualify to participate in the LESO Program.

*Certification statement checkbox: This box must be checked prior to submission to your State Coordinator. This checkbox indicates that 1) your agency/activity meets the definition of a "Law Enforcement Agency/Activity" as prescribed by the LESO Program, 2) and that your agency/activity will provide an updated application for participation if any changes occur to the Chief Law Enforcement Official (CLEO), agency/Activity physical mailing address or RTD Screeners. Questions regarding this statement should be directed to your State Coordinators Office.

*Check if applicable checkboxes:

Acting/Interim Appointment Signature Authority Memorandum: Applications for participation cannot be signed by anyone but the CLEO from that agency/activity. In cases where there is an Acting or Interim CLEO, the agency/activity must provide the Memorandum for Record (MFR) that identifies the date of the individual appointment to serve as Acting or Interim CLEO. The MFR must include the appointment effective date. Example may include an Interim Chief that has been temporarily appointed by the Town Mayor. Questions regarding this statement should be directed to your State Coordinators Office.

Signature Authority via Memorandum or Official capacity/position: Applications for participation cannot be signed by anyone but the CLEO from that agency/activity. In instances where an individual is authorized to sign documents on behalf of the CLEO, the agency/activity must provide the agency/activity current policy/regulation or Memorandum that authorizes that individual (or individual holding that position) to sign documents on behalf of the CLEO. Example may include where a Deputy Sheriff may have full signature authority of the Sheriff by Memorandum or by department policy by holding the position of Deputy Sheriff. Questions regarding this statement should be directed to your State Coordinators Office.

*Initial Here box: The CLEO of the Agency/Activity will type/print their initials in this box to certify compliance with U.S. Code 2576a for all Controlled equipment.

*Title: Provide Official Title (ex. Sheriff, Chief)

*Printed Name: Enter full name as indicated on driver's license. (Initials are not accepted)

*Signature: CLEO-Chief Law Enforcement Official. Applications for participation cannot be signed by anyone but the CLEO from that agency/activity. Digital signatures will be accepted.

*Date: Enter Date of Signature. (Applications are to be submitted via email to The LESO within 30 calendar days of the CLEO signature date)

(Application Version: October 31st, 2017)

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Section 3: (Reserved for State Coordinator Use Only)

*Printed Name: Enter full name as indicated on driver's license. (Initials are not accepted)

*Signature: Signature of State Coordinator (SC) or State Point of Contact (SPOC). If SPOC is signing, the LESO must have an appointment letter on file which names the individual as having full signature authority of the State Coordinator. Digital signatures will be accepted.

*Date: Enter Date of Signature.

Note: Applications are to be submitted via email to The LESO within 30 calendar days of the CLEO signature date and respective State Coordinator signature date)

Section 4: (Reserved for LESO Use Only)

DODAAC: Enter authorized agency/activity DODAAC that is authorized for screening at Defense Logistics Agency (DLA) Disposition Services (DS) locations.

*LESO Authorized Signatory: LESO Program Authorized Signatory. Digital signatures will be accepted.

*Screening letter is valid one year from this date: Per DOD 4160.21-M, screeners letters must be updated annually or as changes occur.

Notes: (LESO Use Only) Enter notes as needed.

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